Youth Ministry

Grant Application Form

Section 1 – Identity of Applicant

1. Name of Parish or Mission _____
2. Parish youth contact person
    a. Name _____
    b. Email address _____
    c. Phone number _____

Section 2 – Description of Project

1. Provide a full description of your proposed project, including the project's objectives and activities.
2. Is this a new or continuing project?
3. Describe how the project expresses the Good News of the Gospel to children and youths.
4. Include a letter of support from the Parish Vestry.

Section 3 – Safety Plan

1. A list of everyone attending (adults and youth), with their positions, any allergies and emergency contact information listed.
2. All adults must have a current, clear criminal record check on file.
3. All youth must have written approval from their parent or guardian.
4. All necessary insurance is in place and will be submitted to the Diocese, upon request.
5. A risk assessment must be part of your safety plan, including potential hazards, there risk of happening and how you plan to mitigate those risks.
6. To the extent the applicant (parish or mission) obtains "personal information" (that is, information about an identifiable individual) the applicant should accompany the request for such information with the following statement:
    a. "This form requests that you provide us with certain personal information. Personal information may include, but is not limited to, email address, phone number, postal address, passport information, birth certificate information and emergency contacts.

By providing personal information you are consenting to the [**insert applicant name**]:

(i) using the information to apply for funding and otherwise for the purpose of the [insert description of activity], and

(ii) retaining the information only for so long as is required for the forgoing purposes."

7. If you have persons participating in an activity which involves any risk, we recommend you ask for a waiver of liability. If the activity involves minors, the parent or guardian should consent and sign a waiver of liability. A waiver of liability is attached.

Section 4 – Project Budget and Financial Information

Amount of grant requested $_____

1. Have you applied for or received any other funding? If yes, from whom and how much did you receive?

   _____

2. Provide a project budget; show a list of all expenses, indicating the portion that the diocesan grant would cover.
3. *Yes / No (Circle one). Our parish is presently meeting their CM&M commitment of 12.5%.*
   a. *If No, please indicate if your Diocesan Council can assist your parish in some way that will help you reach this diocesan goal.*

   _____
   _____
   _____
   _____
   _____

Section 5 – Authorization

1. By my signature below, I certify the information I provided on and in connection with this form is true and correct to the best of my knowledge. I also understand that any false statements or deliberate omissions on this form may subject me to legal actions for fraudulent misrepresentation.

_____ _____ _____

Project Leader Signature	Warden Signature	Incumbent Signature
_____	_____	_____
Print Name	Print Name	Print Name
_____	_____	_____
Title	Title	Title
_____	_____	_____
Date	Date	Date

Release of Liability, Waiver of Claims and Assumption of Risks

BY SIGNING THIS DOCUMENT, YOU WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO CLAIM COMPENSATION

PLEASE READ CAREFULLY

In consideration of participation in [insert description of activity] (the "Activity"), the participant, or, if the participant is under eighteen years of age, the participant's parent/guardian, hereby waives any and all claims whatsoever that the participant or the participant's parent/guardian has or may have in the future against [insert name of applicant] or any of its officers, agents, representatives, employees and volunteers arising from or related to the Activity. The participant or the participant's parent/guardian releases the above mentioned from any and all liability for any loss, damage, expense or injury including death that may be suffered owing to any cause whatsoever arising from or related to the Activity.

This Release shall be effective and binding upon the participant and the participant's heirs, next of kin, executors, administrators, assigns and personal representatives.

I HAVE READ AND UNDERSTOOD THIS RELEASE AND WAIVER.

PARTICIPANT: WITNESS:

PRINT NAME: PRINT NAME:

SIGNATURE: SIGNATURE

ADDRESS: ADDRESS:

TELEPHONE: TELEPHONE:

DATED: DATED:

AGE:

PARENT/GUARDIAN OF THE PARTICIPANT (If Participant is under the age of eighteen)

PRINT NAME:

SIGNATURE:

ADDRESS:

TELEPHONE:

DATED: